



Attorney Docket No

TRW(RG)5832

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Creator(s): KEVIN E. BOYLE Confirmation No.: 2678
Application No.: 10/075,669 Examiner: Daniel S. Yeagley
Filing Date: February 13, 2002 Group Art Unit: 3611
Title: SELF-CENTERING STEERING SYSTEM

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application.

- Response/Amendment Petition to extend time to respond
 New fee as calculated herein No additional fee
 Other: _____

STATUS

Applicant is

- () A small entity.
(X) Other than a small entity.

09/07/2006 CNEGA1 00000023 10075669
01 FC:1252
02 FC:1202
450.00 0P
50.00 0P

CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10*
(Express Mail certification is optional.)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box, Alexandria, VA 22313-1450**

Date of Deposit August 31, 2006

Typed Name: LISA D. JONES

Signature 

FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at (703) _____

*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

CLAIMS AS AMENDED										
FOR	(1) "CLAIMS REMAINING AFTER AMENDMENT"		(2) "HIGHEST NUMBER PREVIOUSLY PAID FOR"		PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
	RATE	Fee	RATE	Fee						
TOTAL CLAIMS	21	MINUS	20	01	X \$ 25.00		X \$ 50.00	50.00		
INDEP. CLAIMS	02	MINUS	03	0	X \$100.00		X \$200.00	0.00		
[] First Presentation of a Multiple Dependent Claim					\$180.00		\$360.00			
					SUBTOTAL OF ADDITIONAL FEES			50.00	50.00	
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3. ** If the "Highest No. Previously Paid For in this space is less than 20, enter "20". *** If the "Highest No. Previously Paid For" in this space is less than 3, enter "3".</p> <p>The "Highest No. Previously Paid For" (Total / Independent) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed. WARNING "After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a)(emphasis added).</p>										
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136 (FEES: 37 C.F.R. §1.17 (1) – (4) for the total number of months checked below:</p>										
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH			
Large Entity	<input type="checkbox"/>	\$120.00	<input checked="" type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,020.00	<input type="checkbox"/>	\$1,590.00	\$450.00	
<p>[] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$500.00		

Information Disclosure Statement (3 pgs), PTO Form 1449 (1 pg.).

Total fee for Information Disclosure Statement **\$180.00**

FEE PAYMENT

- Attached is a check money order in the amount of **\$680.00**
 - Authorization is hereby made to charge the amount of **\$ 0.00**
 - to Deposit Account No. **20-0090**.
 - to Credit card as shown on the attached credit card information authorization form PTO-2038.
- WARNING:** Credit card information should not be included on this form as it may become public.

- Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

- If any additional extension and/or fee is required, charge Deposit Account No. **20-0090**.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. **20-0090**.

Date: 8/31/06

Customer No.: 26,294

Reg. No.: 36,029


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